

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/522800

APPLICANT

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4	1		1			
5		1		1		
6	1		1			
7		1		1		
8	1		1			
9		1		1		
10		1		1		
11	1		1			
12		1		1		
13		2		2		
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
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TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←		15	←		←
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						